

1 Stacey M. Leyton (SBN 203827)  
2 Barbara J. Chisholm (SBN 224656)  
3 Danielle Leonard (SBN 218201)  
4 ALTSHULER BERZON LLP  
5 177 Post Street, Suite 300  
6 San Francisco, CA 94108  
7 Tel. (415) 421-7151  
8 Fax (415) 362-8064  
9 sleyton@altber.com  
10 dleonard@altber.com  
11 bchisholm@altber.com

12 Elena Goldstein (pro hac vice)  
13 Skye Perryman (pro hac vice)  
14 DEMOCRACY FORWARD FOUNDATION  
15 P.O. Box 34553  
16 Washington, DC 20043  
17 Tel: (202) 448-9090  
18 Fax: (202) 796-4426  
19 egoldstein@democracyforward.org  
20 sperryman@democracyforward.org

21 *Attorneys for Plaintiffs*

22 [Additional Counsel not listed]

23 UNITED STATES DISTRICT COURT  
24 FOR THE NORTHERN DISTRICT OF CALIFORNIA  
25 SAN FRANCISCO DIVISION

26 AMERICAN FEDERATION OF  
27 GOVERNMENT EMPLOYEES, AFL-CIO, et  
28 al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity  
as President of the United States, et al.,

Defendants.

Case No. 3:25-cv-03698-SI

**DECLARATION OF YOLANDA JACOBS**

**DECLARATION OF YOLANDA JACOBS**

I, Yolanda Jacobs, declare as follows:

1. I am over 18 years of age and competent to give this declaration. This declaration is based on my personal knowledge, information, and belief.

2. I am a Health Communications Specialist in the Office of the Chief of Staff for the Centers for Disease Control and Prevention (“CDC”). I have worked for the CDC since 2004, first as a contractor and then as a full-time employee beginning in 2008. I am also a disabled veteran.

3. The CDC’s mission is to conduct research and surveillance on threats to the public health and to communicate its assessment of those threats to Congress, the executive branch, and the public.

4. I am the president of the American Federation of Government Employees Local 2883 (“AFGE Local 2883” or the “Union”).

5. AFGE Local 2883 represents a bargaining unit of nearly 2,000 nonsupervisory civil servants who work for the CDC. These employees include Public Health Analysts, IT Specialists, Program Specialists, Electronics Technicians, Public Health Advisors, Protocol Specialists, Budget Analysts, Health Communications Specialists, and Biologists. These bargaining unit members are highly skilled and perform critical and diverse functions for the country’s premier public health agency. More than 300 members of AFGE Local 2883 are Contracting Officer Representative (COR) certified and perform contract management activities and functions for the CDC. AFGE Local 2883 employees conduct research, publish papers and manuscripts, and submit their work to scientific journals and vet scientific findings on emerging public health threats including COVID-19, avian influenza, and Ebola. They also ensure that the CDC’s communications about public health threats are accessible and comprehensible so as not to induce panic.

6. AFGE Local 2883 bargaining unit employees report to the CDC’s Atlanta campus and the Miami Port Health Station, but employees are located all across the country.

7. AFGE Local 2883’s mission is to advocate for and promote the interests of bargaining unit members in their federal employment. As the exclusive bargaining representative

1 of these workers, the Union provides many services to all bargaining unit members. Core  
2 functions of the Union include collective bargaining with the agency to obtain a fair and  
3 reasonable collective bargaining agreement (“CBA”); filing and negotiating grievances against the  
4 agency to enforce the terms and conditions of the CBA; pursuing arbitrations on behalf of workers  
5 to enforce the CBA; and providing other support, guidance, and resources to bargaining unit  
6 employees.

7       8.       The Union first became aware of President Trump’s plan to conduct “large-scale”  
8 RIFs through the February 11, 2025 Executive Order. No one from the Agency had said anything  
9 about large-scale RIFs to the Union prior to that Order.

10       9.       On March 27, 2025, the Union received nearly identical emails from Thomas Nagy,  
11 the Chief Human Capital Officer of the Department of Health and Human Services (“HHS”), and  
12 Christina Ballance, the Executive Director, National Labor and Employee Relations Office, at  
13 HHS, providing notification of a large-scale RIF across the Department. True and correct copies  
14 of those emails are attached hereto as Exhibit A.

15       10.       The emails stated that the RIFs would affect 8,000–10,000 employees, and would  
16 be “aimed at administrative positions including human resources, information technology,  
17 procurement, and finance. The RIF will also target roles in high-cost regions and employees in  
18 programmatic areas that have been determined to be redundant or duplicative with other functions  
19 in HHS or across the federal government.”

20       11.       The emails stated that “[t]his action is being taken in accordance with President  
21 Donald Trump’s Executive Order 14210, dated February 11, 2025, and HHS’s broader strategy to  
22 improve its efficiency and effectiveness to make America healthier.”

23       12.       According to the emails, the probable effective date of the RIFs was May 27, 2025,  
24 and specific notices to employees could be sent as early as Friday, March 28, 2025. This provided  
25 only a single day’s notice to the Union. In addition, the email stated that: “A list of competitive  
26 areas is still being finalized,” and that notice of competitive areas would be provided to the Union  
27 where required by the CBA as soon as possible after those lists were finalized.

1           13. Article 3.3.1 of our CBA provides that “[t]he initiating Party will provide the other  
2 Party with reasonable advance written notice, not less than ten (10) workdays prior to the  
3 proposed implementation date, of any change affecting conditions of employment. The notice will  
4 contain known relevant details and, at a minimum, contain the following information: The nature  
5 and scope of the proposed change; A description of the change; An explanation of why the  
6 proposed change is necessary; An explanation of the Initiating Party’s plans for implementing this  
7 change; and The proposed implementation date.”

8           14. Also on March 27, 2025, HHS published a press release and fact sheet describing  
9 its “dramatic restructuring in accordance with President Trump’s Executive Order, ‘Implementing  
10 the President’s ‘Department of Government Efficiency’ Workforce Optimization Initiative’”  
11 (“Restructuring Plan”). A true and correct copy of the press release and fact sheet are attached  
12 hereto as Exhibit B. The Restructuring Plan states that HHS will downsize from 82,000 to 62,000  
13 full time employees through a RIF combined with early retirement and deferred resignation  
14 programs. According to the fact sheet, roughly 2,400 CDC employees are subject to the RIF. The  
15 Restructuring Plan also describes significant reorganization of the Department. Multiple agencies  
16 will be combined into a new Administration for a Healthy America: the Office of the Assistant  
17 Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance  
18 Abuse and Mental Health Services Administration (SAMHSA), Agency for Toxic Substances and  
19 Disease Registry (ATSDR), and National Institute for Occupational Safety and Health (NIOSH).  
20 In addition, the Administration for Strategic Preparedness and Response (ASPR) will be  
21 transferred to the CDC.

22           15. That same day, I sent Christina Ballance and CDC Agency Representative Mary  
23 Smith a Request for Information Regarding the Reduction in Force. A true and correct copy of  
24 that email is attached as Exhibit C. The Request for Information sought:

- 25           • A list of all bargaining unit employees subject to the Reduction in Force, including
- 26                 1) name, 2) job title, 3) grade, 4) duty station, 7) service computation date, 8)
- 27                 veteran’s status, 9) competitive area, and 10) competitive level;
- 28           • Performance appraisal scores for all employees for the last four years;



- 1           • Materials and/or correspondence detailing the reason(s) for RIF, criteria used to  
2           identify the positions affected, number of positions affected, types and grades of  
3           positions affected, and the proposed effective date;
- 4           • The specific reasons why the Agency considered a RIF to be necessary,  
5           competitive area in which the RIF will be conducted, competitive levels to be  
6           initially affected, number and work location of employees involved, proposed  
7           effective date, and all actions adopted or expressly rejected before deciding to  
8           conduct a RIF.

9           16. That same day, President Donald J. Trump signed an Executive Order purporting to  
10          end collective bargaining with Federal unions at Agencies across the federal government,  
11          including the CDC.

12          17. To date, the Union has not received any response to its Request for Information.

13          18. Early in the morning of April 1, 2025, CDC employees, including the Union's  
14          bargaining unit employees, began receiving emails notifying them that they were affected by the  
15          RIF. The emailed included a Notice of RIF dated March 31, 2025, and stated that "[a]fter you  
16          receive this notice, you will be placed on administrative leave and will no longer have building  
17          access beginning Tuesday, April 1, unless directed otherwise by your leadership." The Notice of  
18          RIF specified that employees would be "separated from HHS at the close of business on June 2,  
19          2025." A redacted example of the notice received by bargaining unit employees is attached hereto  
20          as Exhibit D.

21          19. Hundreds of CDC employees have contacted the Union about their terminations,  
22          but the Union has never been provided with a list of bargaining unit members affected by the RIF  
23          and does not have a way of knowing how many total employees were sent RIF notices.

24          20. On Tuesday, April 8, AFGE Local 2883 set up a virtual town hall to provide  
25          guidance to employees affected by the RIFs. That meeting hit the 1,000-person maximum number  
26          of participants in the Zoom conference and many more reached out to the Union because they had  
27          not been able to join the Zoom.

1           21.     The CDC previously employed roughly 13,000 people. The Restructuring Plan  
2 included a RIF of 2,400 employees, in addition to those employees who have taken early  
3 retirement or deferred resignation offered by the Fork in the Road emails. The RIF alone cut  
4 roughly 20% of the CDC.

5           22.     As a result of the RIF, the CDC has been brought to its knees. In many cases,  
6 entire offices and programs have been eliminated or lost the vast majority of their employees. At  
7 the CDC, these offices include, but are not limited to, the National Center for Injury Prevention  
8 and Control; National Institute for Occupational Safety and Health; the Office of Health Equity;  
9 the National Center on Birth Defects and Developmental Disabilities; certain programs within the  
10 National Center for Environmental Health, and various CDC laboratories.

11           23.     The National Institute for Occupational Safety and Health (“NIOSH”) conducted  
12 research and made recommendations for the prevention of work-related injury, illness, disability,  
13 and death. The severe cuts to staff and elimination of NIOSH as a separate office has brought this  
14 work to a halt. As an example, many mine safety inspections that had been routinely conducted  
15 by NIOSH have had to be canceled, and to my knowledge there is not a current plan to replace  
16 those functions.

17           24.     The mission of the National Center for Injury Prevention and Control (“Injury  
18 Center”) is to prevent injury, overdose, suicide, and violence across the lifespan through science  
19 and action. The Injury Center works with partners, including state and local governments and  
20 organizations, to track trends, conduct research, raise awareness, and implement prevention  
21 programs focused on domestic violence, overdose, suicide, motor vehicle crashes, traumatic brain  
22 injury, drowning, and adverse childhood experiences, among others. Substantial cuts to the Injury  
23 Center during the RIFs have forced a stop to ongoing field research into behavioral change on  
24 these issues. For example, as reported in recent news articles, the layoffs of entire teams  
25 immediately halted work on a new data system tracking concussions, updates to guidance on  
26  
27  
28

1 diagnosing traumatic brain injury in children, and publication of findings on drownings following  
2 natural disasters, among many other projects.<sup>1</sup>

3       25. In addition, CDC employees who managed the grants funded by the Injury Center  
4 have been terminated through the RIF. More than 80% of the Injury Center's budget was used to  
5 fund state, local, and tribal programs, with the vast majority of over \$500 million in FY2024  
6 directed toward opioid overdose prevention and surveillance in every state, in addition to  
7 programs targeted at prevention of suicide, domestic violence, other intentional violence,  
8 drowning, adult falls and more. Without CDC staff administering and processing these grants,  
9 including assisting the grantees to meet the extensive compliance and reporting obligations  
10 required to maintain funding, these vital funds will be at best significantly delayed. Many funds  
11 may not be distributed at all if programs are unable to get the required guidance and assistance  
12 from the Injury Center to meet the grant requirements.

13       26. The implementation of the Restructuring Plan at the CDC has had other substantial  
14 impacts on tribal, state, and local governments. CDC staff often work directly with local partners  
15 on an ongoing basis and to provide emergency support in the event of a public health crisis or  
16 disease outbreak. This support includes conducting research and data analysis as well as sending  
17 CDC staff to assist directly on the ground. As far as I am aware, neither HHS nor CDC provided  
18 notice to tribal, state, and local governments before March 27 of the Restructuring Plan or of any  
19 specific terminations before the RIF notices on March 31 and April 1 put employees on immediate  
20 administrative leave. Projects across the country came to an immediate halt when those working  
21 on them were subject to the RIF.

22       27. For example, many CDC staff working on tracking and response to the current  
23 measles outbreak were put on administrative leave as part of the Restructuring Plan and RIF. As  
24 of the latest data available, that outbreak has spread to twenty-five states with over 800 confirmed  
25 cases, but is most severe in Texas, where two children have died. CDC staff who were on the  
26

27 <sup>1</sup> See [https://www.npr.org/sections/shots-health-news/2025/04/21/nx-s1-5371519/cdc-hhs-injury-](https://www.npr.org/sections/shots-health-news/2025/04/21/nx-s1-5371519/cdc-hhs-injury-prevention-federal-layoffs)  
28 [prevention-federal-layoffs](https://www.npr.org/sections/shots-health-news/2025/04/21/nx-s1-5371519/cdc-hhs-injury-prevention-federal-layoffs). A copy of this article is attached hereto as Exhibit E.

1 ground in Texas to respond to this worsening public health threat had their work immediately  
2 terminated with no notice. These cuts put immense strain on the state and local governments to  
3 take on additional work and jeopardize the health and safety of all at risk of measles, particularly  
4 children.

5 28. As a result of the Restructuring Plan and RIF, all staff have been cut at the CDC's  
6 Freedom of Information Act ("FOIA") Office. This office processes and responds to FOIA  
7 requests from the public in compliance with the statutory requirements of the Act. Without staff,  
8 currently pending and new requests are not being processed and there is no way for the public to  
9 have access to important information about what is happening at the CDC.

10 29. The cuts have also had an immediate impact on the workers who remain at the  
11 CDC, including AFGE Local 2883 members.

12 30. Many projects and programs at the CDC operate in collaboration across offices.  
13 Cutting roughly one-fifth of the entire workforce in a day disrupts all staff, making it extremely  
14 hard for remaining employees to keep projects running while trying to determine whether essential  
15 colleagues are still in their positions and how to cover the work of those who are not.

16 31. In addition, the RIF affected crucial management and support functions for the  
17 entire Agency. Substantial cuts were made to the Office of the Chief Operations Officer and  
18 Office of Chief Information Officer, and many IT staff have been eliminated, making it difficult  
19 for those remaining to get guidance about their programs or even basic technology support needed  
20 for their work. In addition, a large number of Human Resources staff have been terminated,  
21 meaning that remaining CDC employees have nowhere to go for standard workplace questions or  
22 issues that arise, including questions about benefits and retirement for those eligible.

23 32. All staff at the Office of Equal Employment Opportunity (OEEO) have also been  
24 terminated. Employees currently have no avenue for filing EEO complaints with the office or  
25 requesting Alternative Dispute Resolution or mediation to resolve workplace conflicts. The  
26 OEEO also included CDC's Reasonable Accommodation team, which was tasked with  
27 accommodating and ensuring the safety of persons with disabilities as mandated by the  
28 Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Employees with

1 disabilities have no way to request a reasonable accommodation or to engage in the reasonable  
2 accommodations process with the CDC.

3       33. The cuts to Human Resources are also being felt by the employees subject to the  
4 RIF. Although the RIF notice provided an email address to send questions, I have heard from  
5 many employees that the specified email address directs them to bring their questions to Human  
6 Resources, which is overwhelmed and has itself been subject to cuts, and often directs them back  
7 to the email address on the RIF notice. This loop frustrates any ability for these employees to  
8 contest incorrect severance calculations or ask questions about the RIF, and has meant that more  
9 employees are coming to the Union for help.

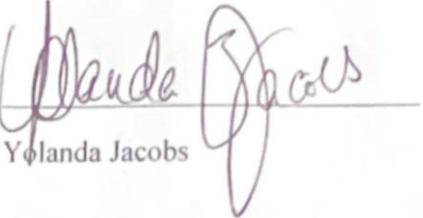
10       34. The Restructuring Plan is having an immediate adverse effect on the Union's  
11 ability to provide core services to unit members and to accomplish its mission. The Union has  
12 been inundated with questions and requests for representation from many of the thousands of CDC  
13 employees subject to the RIF. The Union has had to divert significant time and resources from its  
14 core work to respond to those questions. For example, the Union has been coordinating large  
15 group presentations for employees subject to the RIF, including the Zoom conference on April 8  
16 that involved 1,000 participants.

17       35. The Union's staff and activities are funded through members' voluntary dues. If  
18 the Union no longer receives dues from the members who are being laid off, that will make it  
19 significantly more difficult for the Union to continue to function and to provide the services and  
20 protection to bargaining units identified here. These impacts are compounded by the additional  
21 resources it takes simply to determine which members have been terminated, as HHS and CDC  
22 have never provided the Union with that information.

23       36. I have worked in the federal government since 2004 and have experienced prior  
24 government shutdowns in October 2013 and December 2018-January 2019. The shutdowns were  
25 nowhere near as disruptive to the services at the CDC as the current Restructuring Plan and RIF  
26 have been. Prior shutdowns have retained essential workers and have not caused the chaos that  
27 the CDC is currently experiencing. I have never experienced anything like this RIF in my career  
28 at the CDC.

1           37.     If the Restructuring Plan had been published in the Federal Register for notice and  
2 comment, the Union would have commented on these plans.

3           I declare under penalty of perjury under the laws of the United States that the foregoing is  
4 true and correct. Executed May 1, 2025, in Atlanta, Georgia.

5  
6   
7 Yolanda Jacobs  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

# Exhibit A

---

**From:** Nagy, Thomas (OS/IOS) <[REDACTED]@hhs.gov>  
**Sent:** Thursday, March 27, 2025 6:05 AM  
**To:** Jacobs, Yolanda F. (CDC/OD/OCS) <[REDACTED]@cdc.gov>  
**Cc:** Ballance, Christina (OS/ASA/IO) <[REDACTED]@hhs.gov>  
**Subject:** HHS RIF - Union Notification

Dear Union Leader,

This letter serves as formal notification that the Department of Health and Human Services (HHS) will be implementing a Reduction in Force (RIF) of employees across HHS that will likely impact members of your union.

The relevant information for the implementation of the RIF is as follows:

- Probable Effective Date: May 27, 2025
- Type of Employees Affected: The RIF is primarily aimed at administrative positions including human resources, information technology, procurement, and finance. The RIF will also target roles in high-cost regions and employees in programmatic areas that have been determined to be redundant or duplicative with other functions in HHS or across the federal government.
- Competitive Areas Affected: A list of competitive areas is still being finalized. If a collective bargaining agreement with HHS requires notice of competitive areas to a union, HHS will notify that union as soon as possible after the competitive areas are finalized.
- Approximate number of employees affected: 8,000 to 10,000 employees.

This action is being taken in accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and HHS's broader strategy to improve its efficiency and effectiveness to make America healthier.

Specific notices to employees may be sent as early as Friday, March 28, 2025.

Questions regarding this Notice should be directed to Christina Balance, Executive Director, National Labor and Employee Relations Office at [REDACTED]@hhs.gov. Please advise if or when the union would like to begin negotiations on impact and implementation.

V/r,



**Thomas J. Nagy Jr., MLER**

Deputy Assistant Secretary for Human Resources/ Chief Human Capital Officer

Office of Human Resources

Mobil [REDACTED]

**FOR OFFICIAL USE - PRIVACY ACT SENSITIVE:** *In compliance with the Privacy Act of 1974, this electronic transmission may contain confidential information intended only for the person(s) named above. It may be protected from disclosure by applicable law, including the Privacy Act, attorney-client privilege or work product doctrine. Any misuse, distribution or unauthorized disclosure by another person is strictly prohibited and may result in civil and criminal penalties. If you receive this transmission in error please notify the sender at the telephone number or e-mail address above.*

---

**From:** Ballance, Christina (OS/ASA/IO) <[REDACTED]@hhs.gov>  
**Sent:** Thursday, March 27, 2025 9:39 AM  
**To:** Jacobs, Yolanda F. (CDC/OD/OCS) <[REDACTED]@cdc.gov>; Brooks, Rodney (CDC/OCOO/OFR/OAS) <[REDACTED]@cdc.gov>  
**Cc:** NLRO (OS/ASA/OHR/WRD) <[REDACTED]@hhs.gov>; Nagy, Thomas (OS/IOS) <[REDACTED]@hhs.gov>; Theodule, Jonathan (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>; King, Mary (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>  
**Subject:** RIF Notice

Dear AFGE 2883,

This letter serves as formal notification that the Department of Health and Human Services (HHS) will be implementing a Reduction in Force (RIF) of employees across HHS that will likely impact members of your union.

The relevant information for the implementation of the RIF is as follows:

- Probable Effective Date: May 27, 2025
- Type of Employees Affected: The RIF is primarily aimed at administrative positions including human resources, information technology, procurement, and finance. The RIF will also target roles in high-cost regions and employees in programmatic areas that have been determined to be redundant or duplicative with other functions in HHS or across the federal government.
- Competitive Areas Affected: A list of competitive areas is still being finalized. If a collective bargaining agreement with HHS requires notice of competitive areas to a union, HHS will notify that union as soon as possible after the competitive areas are finalized.
- Approximate number of employees affected: 8,000 to 10,000 employees.

This action is being taken in accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and HHS's broader strategy to improve its efficiency and effectiveness to make America healthier.


Specific notices to employees may be sent as early as Friday, March 28, 2025.

Questions regarding this Notice should be directed to Christina Balance, Executive Director, National Labor and Employee Relations Office at [REDACTED]@hhs.gov. Please advise if or when the union would like to begin negotiations on impact and implementation.

Christina

Christina V. Ballance  
Executive Director, National Labor and Employee Relations Office  
Office of Human Resources  
U.S. Department of Health and Human Services

# Exhibit B

 An official website of the United States government



[Home](#) </> [Press Room](/press-room/index.html) </press-room/index.html> **HHS Announces Transformation to Make America Healthy Again**

Navigate to:



**FOR IMMEDIATE RELEASE**

**March 27, 2025**

**Contact: HHS Press Office**

202-690-6343

[Submit a Request for Comment](#)

<<https://hhscewp.my.site.com/aspapublic/s/request-for-comment>>

# HHS Announces Transformation to Make America Healthy Again

Washington, D.C. — March 27, 2025 — Today, the U.S. Department of Health and Human Services (HHS) announced a dramatic restructuring in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative."

The restructuring will address this and serve multiple goals without impacting critical services. First, it will save taxpayers \$1.8 billion per year through a reduction in workforce of about 10,000 full-time employees who are part of this most recent transformation. When combined with HHS' other efforts, including early retirement and Fork in the Road, the restructuring results in a total downsizing from 82,000 to 62,000 full-time employees.

Secondly, it will streamline the functions of the Department. Currently, the 28 divisions of the HHS contain many redundant units. The restructuring plan will consolidate them into 15 new divisions, including a new Administration for a Healthy America, or AHA, and will centralize core functions such as Human Resources, Information Technology, Procurement, External Affairs, and Policy. Regional offices will be reduced from 10 to 5.

Third, the overhaul will implement the new HHS priority of ending America's epidemic of chronic illness by focusing on safe, wholesome food, clean water, and the elimination of environmental toxins. These priorities will be reflected in the reorganization of HHS.

Finally, the restructuring will improve Americans' experience with HHS by making the agency more responsive and efficient, while ensuring that Medicare, Medicaid, and other essential health services remain intact.

“We aren't just reducing bureaucratic sprawl. We are realigning the organization with its core mission and our new priorities in reversing the chronic disease epidemic,” HHS Secretary Robert F. Kennedy, Jr. said. “This Department will do more – a lot more – at a lower cost to the taxpayer.”

The specific contents of the restructuring plan that have been announced so far are as follows:

- Creation of the Administration for a Healthy America (AHA), which will combine multiple agencies — the Office of the Assistant Secretary for Health (OASH), Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Agency for Toxic Substances and Disease Registry (ATSDR), and National Institute for Occupational Safety and Health (NIOSH) — into a new, unified entity. This centralization will improve coordination of health resources for low-income Americans and will focus on areas including, Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce development. Transferring SAMHSA to AHA will increase operational efficiency and assure programs are carried out because it will break down artificial divisions between similar programs.
- Strengthening the Centers for Disease Control and Prevention (CDC): the Administration for Strategic Preparedness and Response (ASPR), responsible for national disaster and public health emergency response, will transfer to the CDC, reinforcing its core mission to protect Americans from health threats.
- New Assistant Secretary for Enforcement: HHS will create a new Assistant Secretary for Enforcement to oversee the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeals (OMHA), and Office for Civil Rights (OCR) to combat waste, fraud, and abuse in federal health programs.
- Research and Evaluation for Health Policy: HHS will merge the Assistant Secretary for Planning and Evaluation (ASPE) with the Agency for Healthcare Research and Quality (AHRQ) to create the Office of Strategy to enhance research that informs the Secretary's policies and improves the effectiveness of federal health programs.
- Reorganization of the Administration for Community Living (ACL): Critical programs that support older adults and people with disabilities will be integrated into other HHS agencies, including the Administration for Children and Families (ACF), ASPE, and the Centers for Medicare and Medicaid Services (CMS). This reorganization will not impact Medicare and Medicaid services.

“Over time, bureaucracies like HHS become wasteful and inefficient even when most of their staff are dedicated and competent civil servants,” Secretary Kennedy said. “This overhaul will be a win-win for taxpayers and for those that HHS serves. That's the entire American public, because our goal is to Make America Healthy Again.”

*For more detailed information, visit our fact sheet* [/about/news/hhs-restructuring-doge-fact-sheet.html](https://www.hhs.gov/about/news/hhs-restructuring-doge-fact-sheet.html).

###

---

Note: All HHS press releases, fact sheets and other news materials are available at <https://www.hhs.gov/about/news/index.html> [/about/news/index.html](https://www.hhs.gov/about/news/index.html).

Like HHS on Facebook, follow HHS on X @HHSgov [/https://x.com/hhsgov](https://x.com/hhsgov), @SecKennedy [/https://x.com/seckennedy](https://x.com/seckennedy), and sign up for HHS Email Updates [/https://cloud.connect.hhs.gov/subscriptioncenter](https://cloud.connect.hhs.gov/subscriptioncenter).

Last revised: March 27, 2025

### Submit a request for comment

For media inquiries, please submit a request for comment [/request-for-comment](#).

---

## Related Press Releases

**Secretary Kennedy Embarks on MAHA Tour** </press-room/hhs-secretary-kennedy-embarks-maha-tour.html>

APRIL 4, 2025 | PRESS RELEASE

**HHS Supports State Legislation Banning Harmful Food Dyes From School Lunches in West Virginia** </press-

room/west-virginia-morrissey-ban-food-dyes-schools-snap.html>

MARCH 28, 2025 | PRESS RELEASE

**Secretary Kennedy Renews Public Health Emergency Declaration to Address National Opioid Crisis** </press-


room/secretary-kennedy-opiod-crisis-emergency-declaration.html>

MARCH 18, 2025 | PRESS RELEASE

---

Content created by ASPA Press Office

Content last reviewed March 27, 2025

 An official website of the United States government



[Home](#) </> [Press Room](/press-room/index.html) </press-room/index.html> [Fact Sheet: HHS' Transformation to Make America Healthy Again](#)

Navigate to:



# Fact Sheet: HHS' Transformation to Make America Healthy Again

*Return to the press release* </about/news/hhs-restructuring-doge.html>.

The restructuring of HHS is proceeding in accordance with President Trump's Executive Order, "Implementing the President's 'Department of Government Efficiency' Workforce Optimization Initiative." Over the past four years, during the Biden administration, HHS' budget increased by 38% and its staffing increased by 17%.

1. The plan combines personnel cuts, centralization of functions, and consolidation of HHS divisions, including:

- The current 82,000 full-time employees will be reduced to 62,000
- 28 divisions will be consolidated to 15
- 10 regional offices will become 5
- Human Resources, Information Technology, Procurement, External Affairs, and Policy will be centralized.

2. Regarding FDA, CDC, NIH, and CMS:

- FDA will decrease its workforce by approximately 3,500 full-time employees, with a focus on streamlining operations and centralizing administrative functions. This reduction will not affect drug, medical device, or food reviewers, nor will it impact inspectors.
- The CDC will decrease its workforce by approximately 2,400 employees, with a focus on returning to its core mission of preparing for and responding to epidemics and outbreaks. This includes moving ASPR under CDC to enhance coordination of response efforts. NOTE: The "CDC" decrease would only be 1,400 if you included the individuals coming over from ASPR (approx. 1,000 individuals).
- The NIH will decrease its workforce by approximately 1,200 employees by centralizing procurement, human resources, and communications across its 27 institutes and centers.
- CMS will decrease its workforce by approximately 300 employees, with a focus on reducing minor duplication across the agency. This reorganization will not impact Medicare and Medicaid services.

3. The consolidation and cuts are designed not only to save money, but to make the organization more efficient and more responsive to Americans' needs, and to implement the Make America Healthy Again goal of ending the chronic disease epidemic.



4. No additional cuts are currently planned, but the Department will continue to look for further ways to streamline its operations and agencies.
5. A new Administration for a Healthy America (AHA) will consolidate the OASH, HRSA, SAMHSA, ATSDR, and NIOSH, so as to more efficiently coordinate chronic care and disease prevention programs and harmonize health resources to low-income Americans. Divisions of AHA include Primary Care, Maternal and Child Health, Mental Health, Environmental Health, HIV/AIDS, and Workforce, with support of the U.S. Surgeon General and Policy team.
6. HHS will have a new Assistant Secretary for Enforcement to provide oversight of the Departmental Appeals Board (DAB), Office of Medicare Hearings and Appeal (OMHA), and the Office for Civil Rights (OCR) to combat waste, fraud, and abuse.
7. HHS will combine the Assistant Secretary for Planning and Evaluation (ASPE) and Agency for Healthcare Research and Quality (AHRQ) into the Office of Strategy to conduct research that informs the Secretary's policies and evaluates the effectiveness of the Department's programs for a healthier America.
8. The critical programs within the Administration for Community Living (ACL) that support older adults and people of all ages with disabilities will be split across the Administration for Children and Families (ACF), Assistant Secretary for Planning and Evaluation (ASPE), and Centers for Medicare and Medicaid Services (CMS).

---

Content created by Assistant Secretary for Public Affairs (ASPA)  
Content last reviewed April 2, 2025

# Exhibit C

---

**From:** Jacobs, Yolanda F. (CDC/OD/OCS)

**Sent:** Thursday, March 27, 2025 7:20 PM

**To:** Smith, Mary (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>; Ballance, Christina (OS/ASA/IO) <[REDACTED]@hhs.gov>

**Cc:** Jacobs, Yolanda F. (CDC/OD/OCS) <[REDACTED]@cdc.gov>; Mosley, Charonica (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>; Gailles, Jamar (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>; Jacobs, Yolanda F. (CDC/OD/OCS) <[REDACTED]@cdc.gov>; [REDACTED]

**Subject:** 5 U.S.C. §7114(b)(4) Request for Information Regarding Reduction in Force

Centers for Disease Control and Prevention

1600 Clifton Road, NE, Atlanta, GA 30329

Agency Representative: Mary Smith ([REDACTED]@cdc.gov)

To ensure that the American Federation of Government Employees, AFL-CIO, Local 2883 (hereinafter, “the Union”) is able to fulfill its representational obligations, I hereby make the following request for relevant and necessary information, documents, and other materials pursuant to 5 U.S.C. §7114(b)(4). For the purposes of this request, the term “materials” includes, but is not limited to, any typewritten or handwritten memoranda, reports, summaries, notes, charts, computer database materials, issuances, advisory letters, audio and/or video recordings, or other data in whatever form it might appear. The term “correspondence” includes, but is not limited to, formal notices of changes in working conditions, courtesy notifications, or related email communications.

It is necessary that the Union receive responses to the requests below, with the name and title of the individual(s) responsible for providing responsive information for each request:

1. Please provide a list of all bargaining unit employees (“BUE”) subject to the Reduction in Force (“RIF”) by 1) name, 2) job title, 3) grade, 4) duty station, 7) service computation date, 8) veteran’s status, 9) competitive area, and 10) competitive level.
2. Please provide the performance appraisal scores of all employees for the last four years by 1) race, 2) gender, 3) national origin, 4) age, and 5) year of score. The Agency may redact PII for this specific request.
3. Please provide any and all materials and/or correspondence detailing the reason(s) for RIF, criteria used to identify the positions affected, number of positions affected, types and grades of positions affected, and the proposed effective date.
4. Please provide the specific reasons why the Agency considers a RIF to be necessary, competitive area in which the RIF will be conducted, competitive levels to be initially affected, number and work location

of employees involved, proposed effective date, and all actions adopted or expressly rejected before deciding to conduct a RIF.

The Union requires this information to carry out its duties and responsibilities identified in 5 U.S.C. Chapter 71. Further, the Union's right to receive such document(s) relevant to the performance of its representational duties is guaranteed by law. Because that right requires that the documents be provided free of charge, we expect that no fees will be levied.

If you feel any of the above requests are vague or otherwise need further clarification, please contact me directly for clarification before denying or withholding information responsive to these requests. Should you not completely satisfy this information request under the authority cited above, please provide me with the name and title of the person denying this request along with a written statement of the authority and reason(s) relied upon for not releasing each specific item denied. In the event that you deny any portion of the request, please provide the remaining information. We also reserve the right to make any necessary supplemental requests for information.

Please provide me with this information as soon as possible. The Union is only requesting electronic copies of these documents. Lastly, please separate the Agency's responsive documents to correspond with numbered requests above. Thank you.

Submitted by,

Yolanda Jacobs  
President  
AFGE Local 2883  
[REDACTED]

# Exhibit D

-----Original Message-----

From: [REDACTED]@hhs.gov <[REDACTED]@hhs.gov>

Sent: Tuesday, April 1, 2025 5:06 AM

To: [REDACTED] (CDC/OCOO/OHR) <[REDACTED]@cdc.gov>

Subject: Personnel Notification

Importance: High

Dear [REDACTED],

I regret to inform you that you are being affected by a reduction in force (RIF) action. Please find attached a notice memorandum explaining the RIF and next steps. This RIF action does not reflect directly on your service, performance, or conduct. It is being taken solely for the reasons stated in the memorandum.

After you receive this notice, you will be placed on administrative leave and will no longer have building access beginning Tuesday, April 1, unless directed otherwise by your leadership. Additionally, please save this email and its attachments, or forward them to a personal email address, for your records.

Leadership at HHS appreciates your service.

Sincerely,

Tom Nagy



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

March 31, 2025

MEMORANDUM FOR: [REDACTED]VIA EMAIL: [REDACTED]@cdc.govFROM: Tom Nagy, Chief Human Capital OfficerSUBJECT: Specific Notice of Reduction in Force

In accordance with President Donald Trump's Executive Order 14210, dated February 11, 2025, and the Department of Health and Human Services' (HHS) broader reorganization strategy to improve its efficiency and effectiveness to make America healthier, HHS is executing a Reduction in Force (RIF). This memorandum constitutes a specific notice of a RIF.

I regret to inform you that you are being affected by a RIF action. This RIF is necessary to reshape the workforce of HHS.

This is your specific notice of the RIF. In accordance with the RIF procedures specified in Chapter 35 of Title 5 of the United States Code and Title 5 of the Code of Federal Regulations, Part 351, and HHS policy, you are being released from your competitive level based on your retention standing. Consequently, you will be separated from the Federal service effective **June 2, 2025**. In the event you are qualified and have assignment rights to a position that becomes available during the notice period, you will be informed via a specific, subsequent notice. Should the circumstances of the RIF otherwise change, this notice may be withdrawn.

### Retention Standing

To conduct the RIF, retention registers were prepared which list employees in retention standing order by civil service tenure group and subgroup, veterans' preference, performance ratings, and length of Federal service. The following information was used to determine your retention standing as of the RIF effective date:

Competitive Area:	IN & OUT PROCESSING ACTIVITY-IMMEDIATE OFFICE OF THE DIRECTOR
Competitive Level:	PGS1
Tenure Group & Subgroup:	1
Veterans' Preference:	N



## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

Most Recent Performance Ratings: 5,5,5

Additional Years of Credit Based on Performance Ratings: 20

Reduction In Force Service Computation Date (SCD): 2015-06-14 00:00:00

Adjusted RIF Service Computation Date (SCD): 1995-06-14 00:00:00

The adjusted RIF SCD includes all creditable military and civilian service and is adjusted with additional credit (up to a maximum of 20 years) for the performance ratings.

NOTE: All employees in your competitive area will be separated.

You have been reached for release from your competitive level in accordance with RIF regulations and procedures. You have no assignment rights to positions within your competitive area. Therefore, you will be separated from HHS at the close of business on June 2, 2025.

Based on a preliminary evaluation, you are eligible for severance pay pursuant to 5 U.S.C. § 5595.

If you are a competitive service employee, or a covered excepted service employee under HHS Instruction 330-2, you are eligible to have your name placed on the Reemployment Priority List and to participate in the Interagency Career Transition Assistance Plan (ICTAP). You are also eligible to participate in the HHS Career Transition Assistance Program. However, if you resign or retire before your separation under reduction in force, you will no longer be eligible for special selection priority under this program and you may lose eligibility for special selection priority through the Reemployment Priority List (RPL) and the ICTAP. Information and registration procedures for the RPL are included in the attachments to this notice.

Please contact your supervisor or email [OHR-General-Inquiries@hhs.gov](mailto:OHR-General-Inquiries@hhs.gov) immediately if you believe any of the above information is incorrect.

**RIF Package**

Each employee impacted by the RIF has been sent documents that outline applicable benefits for which you may be eligible or entitled as appropriate. You may make an appointment with the Office of Human Resources (OHR) to obtain paper copies of the documents. You may make an appointment by contacting [OHR-General-Inquiries@hhs.gov](mailto:OHR-General-Inquiries@hhs.gov). In addition, the websites to certain relevant external benefits provided by other entities are found immediately below.

For training benefits under the Workforce Improvement Act of 1998, please see [www.careeronestop.org](http://www.careeronestop.org).

## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

---

For unemployment compensation benefits, please refer to the Department of Labor website at [www.dol.gov](http://www.dol.gov).

For general information on transition assistance, please refer to the Office of Personnel Management website at [www.opm.gov](http://www.opm.gov).

**Appeal and Grievance Rights**U.S. Merit Systems Protection Board (MSPB)

If you believe your retention rights have not been applied correctly or have been violated, you may appeal this action to the MSPB. You may file your appeal with the MSPB's regional or field office serving the area where your duty station was located. The address of your regional or field office has been included in your RIF package.

For a complete listing of MSPB regional and field offices, see [Appendix II](#) of Part 1201 of the Board's regulations. Your appeal must be in writing and may be filed any time after receipt of this notice until no later than 30 calendar days after the effective date. Failure to file an appeal within the time limit may result in dismissal of the appeal as untimely filed. More information on filing appeals is included in your RIF package. You may also access the MSPB website at [www.mspb.gov](http://www.mspb.gov) for additional and further detailed information on the appeal process.

Equal Employment Opportunity (EEO)

If you believe this personnel action is based in whole or in part on discrimination based on your race, color, religion, sex, national origin, age or disability, or in retaliation for prior protected activity you may file an EEO complaint with your designated HHS EEO representative:

Reginald R. Mebane, Director

RMebane@cdc.gov

(770) 488-3210

You must contact your EEO representative no later than 45 calendar days of the effective date of your separation from Federal service. Alternatively, you may file an appeal with the MSPB as noted above and raise discrimination as an affirmative defense. However, you may not proceed through both forums; you must elect one or the other. You may access the U.S. Equal Employment Opportunity Commission (EEOC) website at [www.eeoc.gov](http://www.eeoc.gov) for additional and further detailed information on the Federal sector EEO process.

Office of Special Counsel

You may also seek corrective action before the U.S. Office of Special Counsel (OSC). Visit the OSC e-filing system web site at [www.osc.gov](http://www.osc.gov), to access the online application. However, if you do so, you will be limited to whether the agency took one or more covered personnel actions against you in retaliation for making protected whistleblowing disclosures. If you choose to file

## DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

Office of the Secretary

---

an action with OSC, you will be foregoing your right to file an MSPB appeal regarding this personnel action.

**Conclusion**

This action is being taken in accordance with the applicable civil service RIF regulations. Included in your RIF package is a copy of the Office of Personnel Management (OPM) RIF regulations, 5 C.F.R., Part 351. Further detailed information about the RIF regulations may also be accessed on the OPM [website](#). You may make an appointment to review and obtain a copy of the RIF regulations and/or records pertaining to you by contacting OHR-General-Inquiries@hhs.gov.

The Employee Assistance Program (EAP) is available free to you and in most cases your immediate family. EAP counselors are available 24 hours a day, 365 days per year at 1-800-222-0364 or [www.FOH4YOU.com](http://www.FOH4YOU.com).

If you are eligible for severance pay following your separation, the attached worksheet will allow you to calculate an estimate. Regardless, the following additional information is also available in your RIF package:

- Information on unemployment compensation under applicable State or District of Columbia programs.
- Training benefits under the Workforce Investment Act of 1998 (WIA).
- Request for authorization to release employment information to prospective employers.

Because you are being separated through a RIF action, you are eligible for career transition and placement assistance. Specifically, you are eligible for the HHS Reemployment Priority List (RPL), Career Transition Assistance Program (CTAP), and Interagency Career Transition Assistance Program (ICTAP). Your RIF package includes further information on these programs.

If you elect to resign before the effective date of the RIF, your separation will be considered involuntary for severance pay purposes and you will still be eligible to receive your severance pay. Please be advised that an early resignation may affect your eligibility for placement assistance and your appeal rights. It may also impact your ability to qualify for unemployment compensation and training benefits provided under WIA. You are encouraged to contact your State's Department of Labor and Employment for any questions regarding unemployment compensation. You are also encouraged to contact OHR-General-Inquiries@hhs.gov to determine how an early resignation may affect your benefits.

This RIF action does not reflect directly on your service, performance, or conduct. It is being taken solely for the reasons stated above, and because your duties have been identified as either unnecessary or virtually identical to duties being performed elsewhere in the agency. Leadership at HHS are appreciative of your service.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

---

**Please return a signed copy of the Acknowledgement of Receipt and Authorization for Release of Employment Information by email to [OHR-General-Inquiries@hhs.gov](mailto:OHR-General-Inquiries@hhs.gov) within 14 days of receipt of this notice.**

Attachments (9)

1. Acknowledgement of Receipt
2. MSPB Appeal Information
3. OPM Retention Regulations
4. Severance Pay Worksheet
5. Unemployment Insurance and State Workforce Agencies
6. Authorization for Release of Employment Information
7. CTAP, ICTAP and Reemployment Priority List (RPL) Program Information
8. Reference Guide to Benefits during RIF
9. List of MSPB Regional and Field Offices

# Exhibit E

HOURLY NEWS

KQED

LISTEN LIVE

MY PLAYLIST



npr

KQED

DONATE

## Shots

SHOTS - HEALTH NEWS

# With CDC injury prevention team gutted, 'we will not know what is killing us'

APRIL 21, 2025 · 12:24 PM ET

By Will Stone



Federal layoffs affected teams at CDC that research injuries — including car crashes — to understand how to prevent them. Car crashes are the second leading cause of death for children ages 1 to 12.

Kyle Mazza/Anadolu/Getty Images

Before they were fired, staff at the Centers for Disease Control and Prevention were about to launch a new data system to improve how the U.S. tracks



concussions.

They were planning to release updated guidance on diagnosing traumatic brain injury in children and publish new findings on drownings after natural disasters. They were combing the web for data on suicides to forecast trends and studying changes in how people are injured during car crashes.

All of this came to a halt when health secretary Robert F. Kennedy Jr. directed sweeping layoffs to the Department of Health and Human Services this month.



#### SHOTS - HEALTH NEWS

#### **HHS layoffs hit Meals on Wheels and other services for seniors and disabled**

Much of the federal workforce focused on injury and violence prevention was cut, according to researchers, advocates and five former employees whose jobs were eliminated.

NPR is not disclosing their names because they are still on administrative leave and not authorized to speak to the press.

Entire teams based at the CDC's injury center that focused on motor vehicle crashes, child maltreatment, rape prevention and education, drowning, traumatic brain injury, falls in the elderly, and other issues were eliminated.

"A lot of the work we do will not be picked up by anyone else," one senior health scientist who lost their job tells NPR.

Sharon Gilmartin, whose nonprofit Safe States Alliance works closely with CDC and state health departments, knows of more than 200 positions that were eliminated at the CDC's injury center.

And while some areas, such as the division of overdose prevention and a branch that focuses on suicide, were largely spared, they now lack technical support to carry out some of their work.

Researchers warn the firings jeopardize the federal government's ability to systematically track injuries -- the leading cause of death in the U.S. for people under 45.

**HEALTH****HHS guts sexual violence prevention division, leaving local efforts adrift**

"One of my concerns is we will not have this comprehensive surveillance system," says Christen Rexing, executive director of SAVIR, an injury and violence prevention nonprofit.

"We will not know what is killing us and that's very scary."

For example, the entire branch charged with analyzing data for the injury center and maintaining a key database were fired, leaving the systems largely unattended, according to interviews with several former CDC employees.

"This is critical work that's been done at such a low cost with such a high return and a lot of it's unseen," says Beth Morocco, who directs the UNC Injury Prevention Research Center.

In an emailed statement, HHS told NPR that "critical CDC programs will continue as a part of Secretary Kennedy's vision to streamline HHS to better serve the American people, including the important work that helps research injury and violence prevention, as well as behavioral and substance-related harm prevention."

But advocates like Gilmartin aren't clear exactly how that will happen when scientists and subject matter experts in the federal government with decades of experience were laid off.

Morocco warns that datasets on injury and violence could end up scattered across the federal government, unavailable to researchers and state health officials who rely on this centralized source of information to steer on-the-ground-efforts to prevent top killers like overdoses, motor vehicle accidents, drownings and more.

And, in some cases, data won't be collected at all.

Last week, the CDC shuttered a long-running initiative that offered a broad picture of injuries across the country based on ER records collected from about 100 hospitals.



The National Electronic Injury Surveillance System relied on contractors reviewing thousands of ER records and categorizing them by cause, including motor vehicle accidents, adverse drug events, firearms, drownings, poisoning, dog bites.

This particular data source was unique because it provided real-time monitoring of non-fatal injuries, as well as why and how the injury occurred, which isn't done elsewhere in the federal government.

In a statement, the Consumer Product Safety Commission, which had partnered with the CDC on the system, told NPR it would continue collecting ER data on injuries related to products, but would stop collecting all the other data because of CDC staff cuts.

Even though the Trump administration has made no secret about its intentions to downsize and remake federal health agencies, many in the field of injury and violence prevention weren't expecting their corner of the CDC to be hit so hard.

"There's nothing partisan about injuries," says Dr. Mark Rosenberg, the first director of the CDC's injury center, which was established in the early '90s.

"These are *our kids* who are being shot, our kids who are drowning, our kids who are being abused and neglected," he says.

Over the years, the CDC center has been instrumental in advancing public health interventions like better airbags and vehicle design, smoke detectors and bicycle helmets. It's behind a public health program on how to identify concussions that has been adopted by high school sports programs all over the country.

The scope of the work is incredibly broad and varied. Certain areas, in particular gun violence, are more politically fraught. But the underlying premise, Rosenberg explains, rests on the belief that injuries should be viewed as public health problems to be solved, rather than accidents that are bound to happen.

"One of the jobs of the injury center was to help people understand that you can predict these and you can prevent them," he says.

Last year the agency's budget was over \$700 million. The bulk of its funding goes directly out the door to state health departments, a network of research centers at universities and community organizations. For example, the YMCA, which runs a drowning prevention program, says much of that work may be in jeopardy.

Because the staff who managed these external funding streams were fired, Gilmartin expects that money to dry up, too.

"There's a direct line between federal employees and the states and communities they serve," she says. "We've severed that."

Rexing says these cuts will have a huge ripple effect. The CDC has been the organizing force and a major funder for injury prevention for many years.

"I do see it as a collapse in the field," says Rexing, "The development of the field. The knowledge we already have on solving these really complex issues."

*Have information you want to share about the ongoing changes across the federal government? Reach out to these authors via encrypted communications: Will Stone @wstonereports.95*

cdc   injury prevention



## Sign up for the NPR Health newsletter

The latest on the science of healthy living.

SUBSCRIBE

[See more subscription options](#)

By subscribing, you acknowledge and agree to NPR's [Terms of Use](#) and [Privacy Policy](#).  
NPR may share your name and email address with your NPR station. [See Details](#).

## More Stories From NPR